



FTA SECTION 5311

DRUG AND ALCOHOL REQUIREMENTS SURVEY

All answers where there is an asterisk must be fully explained on the back of this form. Attach additional pages if necessary.

Name of Agency _____

Address _____

DAMIS Contact Person _____ Telephone Number () _____

Email Address _____

Name of Contractor _____

Address _____

DAMIS Contact Person _____ Telephone Number () _____

Email Address _____

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1. Do your agency and your contractors have drug testing programs for safety-sensitive employees?
Agency: Yes___ No___ * N/A___ Contractor: Yes___ No___ * N/A___
 2. Do your agency and your contractors with safety-sensitive employees have a drug and alcohol policy?
Agency: Yes___ No___ * N/A___ Contractor: Yes___ No___ * N/A___
(Please send an electronic copy of your agency's and contractor's policies via email.)
 3. Do your agency and your contractors with safety-sensitive employees conduct the *required types of drug and alcohol testing (*pre-employment, random, post-accident, reasonable suspicion, return to duty, and follow-up)? Agency: Yes___ No___ * N/A___ Contractor: Yes___ No___
* N/A___
 4. Are the minimum random testing rates of 25 percent for drugs and 10 percent for alcohol achieved?
Agency: Yes___ No___ * N/A___ Contractor: Yes___ No___ * N/A___

To the best of my knowledge the information on this document are true and correct.

Agency Representative: _____ Date: _____

HQ Liaison: _____ Date: _____

FTA Section 5311 Contacts

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